(v) In order to facilitate the preparation of area specific programme with special emphasis on States' data even lagging behind in containing population growth to manageable limit, an Empowered Action Group (EAG) has been constituted. The group will involve voluntary associations, community organisations and Panchayati Raj Institutions to achieve it aim. It will also explain the possibility of expanding the scope of social marketing contraceptive in a manner that makes them easily accessible even while raising awareness level.

Implementation of NFWP

4134. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether government have been monitoring the implementation of National Family Welfare Programme in the country;

(b) if so, whether it is a fact that some State Governments have failed to implement the NFWP effectively during the past few years;

(c) if so, the reasons therefor; and

(d) the details of guidelines issued by Government to State Governments to effectively implement the Scheme/Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) yes, Sir.

(b) and (c) For the country as a whole the achievements under the "National Family Welfare Programmes" have been quite substantial. Some States/UTs like Goa, Nagaland, Delhi, Kerala, Pondicherry, Andaman and Nicobar Islands, Tamil Nadu, Chandigarh and Mizoram have already achieved goals set for the year 2010 and States/UTs like Manipur, Daman and Diu, Karnataka, Andhra Pradesh, Himachal Pradesh, Sikkim, West Bengal, Maharashtra, Punjab, Arunachal Pradesh and Lakshadweep are close to achieving the goals. However, other States are lagging behind primarily on account of slow achievements of socio-economic indicators.

(d) The State Governments have been advised to prepare firm and detailed action plan taking into account the ground realities and their area specific problems (region-wise/district-wise) for effective implementation of family welfare programmes. The State Governments have also been advised to formulate State population Policy with state specific strategies while maintaining the general spirit of National Population Policy, 2000 and also

to constitute State Population Commission under the Chairmanship of chief Minister of respective State to review, monitor and give directions for the implementation of the State population Policy with a view to meeting the goals set out in the National Population Policy, 2000.

Increase in women cancer patients

4135. SHRI H.K. JAVARE GOWDA: will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of cancer patients particularly women is increasing in the country alarmingly;

(b) if so, the steps Government propose for prevention and early detection of cancer;

(c) the number of reported cancer patients in Karnataka for the past three years; and

(d) the amount released by Government for Karnataka for cancer medicine and treatment during the past three years alongwith details?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Time trend analysis of the data from population based cancer registries over the last decade shows a small increase in the overall incidence of cancer in the urban cancer registries, among both men and women.

(b) Under the National Cancer Control Programme this Ministry is implementing various schemes aimed at creating awareness among the people and also to facilitate treatment and research activities. The details of these schemes may kindly be seen in the statement I *(See* below).

(c) Annually about 35,000 persons develop cancer in Karnataka. At Kidwai Memorial Institute of Oncology, a recognized Regional Cancer Centre of this Ministry, the new cases registered during the year 1999, 2000 & 2001 are 11,885, 12,326 & 13,500 respectively.

(d) details of amount released to the Institutions in the State of Karnataka under various Schemes of National Cancer Control Programme during the last three years are given in the statement II.